



SAMHSA-HRSA Center for Integrated Health Solutions

Open Access/Addressing No Shows

PBHCI Learning Community In-Person Meeting



In the United States, the average patient can wait three weeks or longer for a routine appointment.-**American Academy of Family Physicians**



Implications of No Shows

- Reduced provider productivity and clinic efficiency
- Increase health care costs
- Limit the ability of a clinic to serve its client population by reducing its effective capacity



Possible Solution



Open Access Scheduling

What is it?

- An advanced/open access system is one where capacity and demand are in equilibrium on a daily basis enabling patients to be seen when they want to be seen
- No queues.
- Few rules around scheduling
- Hidden capacity is discovered
- Work is done at the end of the day



Open Access Scheduling

Why??

- Expanding capacity
- Creating room for clinic growth
- Meeting the needs of clients
- Reduced No Shows



What Should I Consider when making such a change?



Process Improvement

Start by asking five questions:

1. What's it like to be our customer?
2. What are we trying to accomplish?
3. How will we know if a change is an improvement?
4. What changes can we test that may result in an improvement?
5. How can we sustain the improvement?



Process Improvement (cont)

- First, collect baseline data for the indicator you wish to improve. In the no-show example, this is how many no-shows you have now, before you make any change.
- Second, determine the target population and location for the change. For example, the change may be for new **out patient clients only**.
- Next, establish a clear aim.
- Finally, select a Change Leader and a team responsible for developing and implementing change ideas.



Process Improvement (cont)

Make it a priority

Develop Teams

Review actions

- Aims and goals
- Monthly progress report
- Plans for testing and implementing changes
- Provide for spread activities and opportunities
- Identify opinion leaders



Predicting Clinic Demand

Obtain baseline measurements in order to predict your clinic's demand:

- Estimate individual physician panel size. ("Physician panel size" is defined as "the number of unique patients seen by the physician over the last 18 months"). National estimates indicate that the average primary care caseload is 750 for nurse practitioners and 1500 for physicians and assumes 3 visits per patient per year with 15-20 minute visits.



Predict Demand (cont)

- Determine, on average, how many appointment requests (including phone calls, walk-ins and set appointments) the practice receives in one week.
- Use a tally sheet to measure the total number of same-day visit requests over a typical week and obtain a daily average.
- Determine and track the amount of time to the third available appointment using the number of appointment requests tally sheet. This is a national standard measurement for practice accessibility.



Determine Ideal Capacity

- Have the physicians in your group choose the number of patients each can see per hour. Do this by asking how long, on average, the physicians would like to spend with patients

Or

- You may ask how many patients per hour the physicians think they can handle. Then ask patients how long, on average, they would like to spend with the physician. An average of the two may optimize the satisfaction of both.



Determine Ideal Capacity

- Based on ideal capacity estimates (previous slide) determine the number of physician hours/units of time needed to meet the current demand.



Review Distribution of Capacity

- How many hours do physicians currently spend in the clinic each day?
- How many hours do they need to spend, on average, with patients?
- How many hours do they need to complete paperwork?
- Do the hours they spend in the clinic match the demand?



Further Considerations

- Schedulers must completely reorient their way of thinking and function with a clear understanding of the intent of same-day scheduling and the goal of accomplishing today's work today.
- Many office processes must be reorganized to meet the "just in time" demands of same-day service. These processes include: medical records, office personnel and ancillary services.



Evaluate results

Have the changes made had the desired impact?

- Have No-Shows Decrease?
- Have you increased overall capacity of the clinic?
- Are staff, more efficient and productive?

If so, do you have data to support these claims?



Evaluate results

Patient Survey???

- How do patients feel about the option for a same-day appointment?
- Does the change to same-day scheduling improve their overall satisfaction with the management of the clinic?
- Do they feel they're getting better quality, more timely care?



Resources

Niatx

<http://www.niatx.net/Home/Home.aspx?CategorySelected=HOME>

The American Academy of Family Physicians (AAFP)

<http://www.aafp.org/online/en/home.html>

MTM services

<http://mtmservices.org/>



Questions??



Thank You



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